

MINUTES of the meeting of the Health and Care Partnership held at Brockington, 35 Hafod Road, Hereford on 11th April, 2005 at 10.30 a.m.

Present:

Herefordshire Council:

Councillors: Mrs L.O. Barnett (Chair of Health and Care Partnership), Mrs M.D. Lloyd-Hayes, R.J. Phillips, D.W. Rule MBE, R.V. Stockton

Ms S. Fiennes (Director of Social Care and Strategic Housing) (Director of Children's Services)

Herefordshire Primary Care Trust:

Mr P. Bates (Chief Executive), Ms F Howie (Associate Director of Public Health), Dr I. Tait (Chair of the Executive Committee), Mr T. Willmott (Vice-Chair of Health and Care Partnership) (Chair of PCT)

Hereford Hospitals Trust:

Mrs C. Moore (Chair)

Hereford and Worcester Ambulance Service:

Mrs J. Newton (Chair), Mr R. Hamilton (Chief Executive)

Other Member Representatives:

Ms A. Stoakes (Chair of PCT PPI Forum)

In attendance: Ms Y. Clowsley (PCT), Mr S. Hairsnape (PCT), Ms J. Howard (PCT), Mr S. Heptinstall, Councillor W.J.S. Thomas.

30. APOLOGIES FOR ABSENCE

Apologies were received from Mr R. Hamilton and Mr D. Rose.

31. NAMED SUBSTITUTES

None.

32. DECLARATIONS OF INTEREST

None.

33. MINUTES

RESOLVED: that the minutes of the meeting held on 13th January, 2005 be approved as a correct record and signed by the Chair, subject to the following amendments:

- In respect of Minute 26 (REPORT ON THE HEALTH AND SOCIAL CARE COMMISSIONING ORGANISATIONAL STRUCTURE), the words “a future” be replaced with “the next” in the Resolution;
- In respect of Minute 28 (HEREFORD AND WORCESTER AMBULANCE SERVICE), first paragraph, the second sentence be amended to read “This figure dropped to 44% of cases over the Christmas 2004 period, when additional complications had arisen”, and the hanging sentence forming the last paragraph be deleted.

34. JOINT HEALTH AND CARE COMMISSIONING GROUP BRIEFING NOTES

The Partnership received a report on issues dealt with by the Joint Health and Care Commissioning Group, and the report indicated where further information could be obtained.

During the ensuing discussion, the following additional or key points were raised:

- **Joint Health and Care Commissioning Plan:** A temporary replacement for the Partnership Officer had been appointed from an agency, and was proving to be highly experienced at dealing with Commissioning Strategies. As a result, excellent progress was being made and the Plan was still on target;
- **Partnership Fund:** The agreed spend would be channelled into 2 main areas, namely Stroke Services and Occupational Therapy. A total of £35,000 was available to kick-start funding in the Voluntary Sector. A list of the benefiting schemes was made available to take away;
- **The Alliance:** It was felt that the Service Level Agreement targets might not be achievable in the current financial year with the funding available. There would be further discussions with the Joint Health and Care Commissioning Group about what could be done about this.

RESOLVED: that the report be noted.

35. “CHOOSING HEALTH: MAKING HEALTHIER CHOICES EASIER”

The Partnership considered the Department of Health’s executive summary of its white paper: “Choosing Health: Making Healthy Choices Easier”. The Paper set out a new approach to Public Health, and in particular, addressed issues of Choice, Personalisation, and Partnership to achieve a specific range of improvements. The overarching priorities for Public Health were listed as: reducing the numbers of people who smoke, reducing obesity and improving diet, increasing exercise, encouraging and supporting sensible drinking, improving sexual health, improving mental health. The document also listed ways to achieve this, and in relation to this, Members considered Chapter 3 of the main document, which described how to implement at national, local and regional level.

Mr P. Bates said that the Paper had been produced in the light of mounting evidence that obesity and Sexually Transmitted Infections were on the increase, and insufficient action was being taken to combat smoking and alcohol consumption. There was genuine widespread concern both at Government and local level that the next generation of children faced a real risk of dying before their parents if the current trends were not curbed. For Herefordshire, this would mean creating faster access to treatment, broader choice and a broader spectrum of health professionals, and significant reform in Public Health across all agencies able to make a difference. He

emphasised, however, that the new agenda for Public Health was not just about tackling health problems in specific people or groups, but about targeting the health of every individual, to encourage everyone to re-think issues such as diet, and levels activity so that future health problems would be prevented.

The Partnership welcomed to the meeting Ms F. Howie, who had been seconded for 12 months from the Strategic Health Authority to the Primary Care Trust, in the role of Associate Director of Public Health. She presented information on the White Paper and Herefordshire's response, and in the ensuing discussion, the following key points were made:

- In Herefordshire: nearly two thirds of adults (and 27% of children) were overweight or obese; stopping smoking targets had been met and exceeded; good progress had been made with encouraging sensible drinking, although support could still be targeted more effectively; the percentage increase in STIs was significantly above the national average and was giving cause for concern; some good progress had been made in the field of mental health, although there was more work still to do.
- Ms Howie indicated that partnership working in Herefordshire was robust, and would provide a positive base from which to make improvements. The new flexibility around Children's Trusts and Local Area Agreements would help to provide the right foundation for working together. Sharing responsibility would remain a significant challenge, and it was clear that Health organisations would have to work extensively with non-health organisations, which would create a new working culture.
- Herefordshire Council had agreed to fund 50% of the new Head of Public Health post, and this would help to ensure that the post was a joint arrangement between it and the Primary Care Trust. The Primary Care Trust and the Council were in discussions to further appropriate partnership arrangements wherever possible.
- Mr P. Bates stated that in the past on a national level, there had been a mismatch between financial input into Public Health, and the actual benefits experienced by the Public. There was evidence to suggest that this was because the Adult population had not taken on board the various health messages, although the reason for this was unknown. He felt that it was important to target children, so that they were taught to make the right choices from an early age, and the hope was that this would then be maintained in adulthood. Dr Tait felt that it would be necessary to incorporate Public Health issues in a balanced way into the National Curriculum. It was noted that schools were starting to open facilities to the community in certain areas of Herefordshire, through initiatives like Extended Schools. This was a way to make use of the school for the entire community and perhaps provide health services and information that would be of benefit to adults as well as children. Other suggestions for marketing Health included challenging supermarkets and fast food restaurants on issues such as levels of salt and fat in food.
- Mrs Howie reported that the White Paper Delivery Plan had to be in place by the end of 2005. The first targets were likely to be tackling obesity in 11 year olds, and addressing Sexual Health issues.
- Ms H. Horton said that the White Paper presented an excellent opportunity to build on the Voluntary Sector's contribution, citing some Sure Start services and self-help organisations as examples of ways to provide support and information.

- It was clear, from evidence gathered in England and Wales, that the right approach would be to work on improving Public Health alongside other key priorities, such as waiting times, otherwise one was likely to improve to the detriment of the other.

RESOLVED: that the report be noted, and the above comments and suggestions outlined by the Partnership be taken into account when producing the Delivery Plan.

36. WINTER STRATEGY 2005/06

The Partnership considered producing a strategy to tackle the likely increased pressures on health services over the winter period. Members noted that these pressures also occurred at other times of the year due to fluctuation in demand for health services, and that in general, demand appeared to be on the increase. Some lessons in how to address the problems generated by increased demand had been learned through the introduction of revised out-of-hours arrangements.

Members identified some factors which might have an impact on future demand for services and service capacity, such as commissioning services from outside Herefordshire as a response to Patient Choice, vaccination against seasonal illnesses (and whether it is more effective to target older people or children), appropriate or increased funding in key areas, delayed discharges, inappropriate use of out-of-hours and emergency services, and providing clearer information to patients about who to contact.

Mr P. Bates suggested that a written paper should be produced which addressed these complex matters, particularly because further research was required to identify where the pressure was being created and why. Councillor R. Phillips added that Cabinet would receive a report at the end of April providing information on delayed discharges over the last 12 months, which might assist the research. Ms J. Newton said that the Ambulance Service was currently analysing the increased patient demand over the 2004 Christmas period, and would be producing paper on its findings.

RESOLVED: that further consideration be given to producing a paper on factors that determine demand for key health services, in order to develop a strategy for dealing with fluctuations in demand.

37. CHILDREN'S SERVICES UPDATE

Ms S. Fiennes provided a verbal update in respect of Children's Services, and Members noted the following key points:

- A representative from either Adults' or Children's Services would attend future meetings depending on what was on the agenda;
- A regular newsletter would be sent to all service users within her remit, and she would liaise with Committee Services about sending it out to Partnership members;
- She was receiving regular guidance and publications about the development of the Child Concern Model. Children's Centres, Extended Schools, and Transport were all part of the model and were among some of the main project areas in Herefordshire at present;
- As part of the Joint Area Review of Children's Services, the Council was currently undertaking self-assessment. This was one of numerous extensive

inspections to be completed in 2005/06, and she aimed to continue all of the planned service improvements while they were being carried out. This represented a significant challenge, particularly because the Joint Area Review and the Corporate Assessment would be a far more robust review than anything experienced to date;

- She had set up a Children's and Young People's Partnership Board, which was a consultative body, and was a step towards creating a Herefordshire Children's Trust.

RESOLVED: that the report be noted.

38. HEREFORD AND WORCESTER AMBULANCE SERVICE UPDATE

Ms J. Newton provided a verbal update on matters relating to the Ambulance Service. She said that performance at Year End indicated that Category A and B standards had been achieved overall (75% of calls responded to within 8 minutes). She felt that this had been achieved due to partnership working with other Trusts, and increased financial input. Mr P. Bates added that the Ambulance Trust had greatly helped itself in its achievements by being proactive.

The Service was undergoing an extensive "root-and-branch" review, which had revealed its strengths and positive practices, and also some areas where service performance was marginal. Discussions would take place in the near future with the Primary Care Trust about how to improve these areas and sustain its Category A and B performance.

Dr Tait reported that the impact of the use of on-board Thrombolysis equipment by ambulance crews was now being felt across Herefordshire, and in conjunction with improvements to cardiology services achieved by the Hereford Hospital Trust, had led to gains all round in this field. Ms Newton reported on the proposed community differentiation programme, which was a joint move to provide a basic local emergency service, so that patients in more isolated areas could be reached more quickly.

RESOLVED: that the report be noted.

39. DATE OF NEXT MEETING / THEMES FOR FUTURE MEETINGS

Members noted that the date of the next meeting of the Health and Care Partnership would be held on Monday 11th July 2005 at 10:30 a.m. at Brockington. Ms C. Moore reported that the Hereford Hospital Board was soon to approve its strategy, and in response to a question about whether to consider this at a future meeting, Members felt that it was instead appropriate to circulate the strategy individually after the meeting.

Ms Y. Clowsley tabled a paper proposing agenda themes for the Partnership for 2005/06. Members agreed that the themes would be grouped as follows, subject to making provision for any additional necessary items, and urgent business:

1. Presentation on Economic Strategy in Herefordshire;
Role of Partnership Boards / Local Implementation Teams (LITs) / Strategy Groups and Joint Working Arrangements / Local Area Agreements/Department of Public Health;
2. Addressing Health Inequalities / Ethnic Minority Services (e.g. Travellers);
3. Children's Disability Services / Children's Services / Children's Mental Health Services / Children's :Learning Disability Services;

4. Older People's Services / Adult Physical Disability Services / Rehabilitation Services / Adult Mental Health Services / Adult Learning Disabilities Services
5. Substance Misuse and Crime and Disorder / Alcohol / Drugs;
6. Health Transport Services (Emergency and other);
7. Full update on Public Health.

RESOLVED: that the agenda themes for the Health and Care Partnership for 2005/06 be agreed as above, subject to any necessary provisions for additional or urgent business.

The meeting ended at 12:25 p.m.

CHAIRMAN